

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>nm</i>	<i>70891</i>	<i>10/5</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>6/12</i>
FORMALITY REVIEW	<i>DM</i>	<i>12223</i>	<i>8/17/w</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed -      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/8/6
2	✓	✓	7/8/6
3	✓	✓	7/8/6
4	✓	✓	7/8/6
5	✓	✓	7/8/6
6	✓	✓	7/8/6
7	✓	✓	7/8/6
8	✓	✓	7/8/6
9	✓	✓	7/8/6
10	✓	✓	7/8/6
11	✓	✓	7/8/6
12	✓	✓	7/8/6
13	✓	✓	7/8/6
14	✓	✓	7/8/6
15	✓	✓	7/8/6
16	✓	✓	7/8/6
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28	✓	✓	7/8/6
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46	✓	✓	7/8/6
47	✓	✓	7/8/6
48	✓	✓	7/8/6
49	✓	✓	7/8/6
50	✓	✓	7/8/6

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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